



03-075

**TEXAS DEPARTMENT OF HEALTH
AUSTIN TEXAS
INTER-OFFICE**

TO: All Local Agencies

FROM: Mike Montgomery, Chief [original initialed]
Bureau of Nutrition Services

DATE: July 11, 2003

SUBJECT: Peer Counselor Program Survey

If you have a Peer Counselor Program, or if you had one at anytime during FY2003, we need your assistance in completing our yearly reports to USDA. Please complete the attached Peer Counselor Program Survey and return it to the State Agency by July 31, 2003. If you have any questions, please contact Jewell Stremler, Peer Counselor Coordinator at 512-341-4400 ext. 2303# or Jewell.Stremler@tdh.state.tx.us.

Peer Counselor Program Survey

July 2003

Local Agency Name: _____ Local Agency Number _____
WIC Director: _____ Breastfeeding Coordinator _____
Phone# _____ Phone # _____
Email: _____ Email: _____
Peer Counselor Coordinator: _____ Phone # _____
Email: _____

1. Number of peer counselors currently working at LA: _____

2. Year your agency began your Peer Counselor Program: _____ Total number of peer counselors trained since your agency first started your peer counselor program: _____

_____ Total number trained to date in FY2003 (Oct. 1, 2002 to present)? _____
If you plan to train more before September 30, 2003, how many? _____

If anyone besides PCs attend your PC training in FY2003, please indicate how many:
WIC clerks _____ WIC nutritionists _____ WIC nurses _____ Hospital nurses _____
Other (specify) _____

3. Do you have any full-time peer counselor positions? _____ If so, how many? _____

4. Do you have any full-time positions that include peer counselor duties and other duties?
_____ If so, how many? _____ How many hours per month are peer counselor duties performed in these positions? _____ What kinds of duties are combined in the job description? Please explain: _____

_____ What is the classification title your personnel department uses for your peer counselors positions? _____

5. Combined total number of hours per month worked by all counselors? _____
Include only hours spent on peer counselor duties. (For example, 10 peer counselors x 4 hours per week x 4 weeks per month = 160 hours per month). Please include hours worked by peer counselors referenced in 3 and 4 above in this total.

6. Number of peer counselors when fully staffed: _____

7. Since you started your Peer Counselor Program, have any peer counselors been hired in any regular staff positions? _____

If yes: Number hired _____ (please include all peer counselors you have hired in staff positions, even if they are not currently employed)

Titles of Positions: _____

Number of PCs currently employed in other positions: _____

8. Do you have a lactation consultant, on staff or contract, to augment the services of your peer counselors? _____ If so, name of lactation consultant: _____
If not, who provides back-up support for your peer counselors when breastfeeding mothers and babies have problems beyond the counselor's expertise?
Name: _____ Qualifications: _____

Funding Information:

9. Approximately how much additional funding did you spend on peer counselor expenses over and above allocations you received from the state agency specifically dedicated to peer counselor expenses? Or, if you did not receive funding specifically targeted for peer counseling, what was the cost of your peer counselor program? _____

Note: Please do not put the amount of your entire breastfeeding expenditure in response to question number 9. Enter only the amount spent on peer counselor training and salaries not covered by Operational Adjustment (OA) or Special Reallocation funding.

Hospital Information:

10. If peer counselors are visiting moms in the hospital, please answer the following questions:

Name and address of hospital(s):

If more space is needed, please add a page to list additional hospitals.

Name: _____	Name: _____
Address: _____	Address: _____
_____	_____
Contact: _____	Contact: _____

What arrangements have been made with the hospital to allow the peer counselors to work there?

Who supervises the peer counselors in the hospital?

Has the hospital placed any restrictions on the peer counselors?

Do the peer counselors work only with WIC mothers, or with all postpartum mothers who need or request breastfeeding assistance?

Please mail or FAX or email this survey by **July 31, 2003** to: Attn: Jewell Stremmer, Peer Counselor Coordinator, Texas Department of Health, Bureau of Nutrition Services, 1100 W. 49th St. Austin, Texas 78656, (512)341-4400 **FAX (512) 341-4422**, Jewell.Stremmer@tdh.state.tx.us